

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  DNA	1. DATE OF INCIDENT 04-SEP-2012	TIME 03:39:00	2. ADDRESS OF OCCURRENCE 7433 S STATE ST CHICAGO, IL 60619	3. LOCATION CODE 304	4. BEAT/OCCUR 0323				
	5. POSITION 9161	6. LAST NAME PHILLIPS III	7. FIRST NAME CECIL	8. STAR NO. 6657	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 602	13. WT. 235
	11. DATE OF APPT. 30-SEP-2002	12. EMPLOYEE NO. 003	13. UNIT & SEAT OF ASSIGNMENT 0368A	14. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	15. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	16. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	17. LAST NAME ROBINSON	18. FIRST NAME GLENN	19. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	20. RACE BLK	21. D.O.B. [REDACTED]	22. HT. 602	23. WT. 205		
	24. ADDRESS CHRIST	25. TELEPHONE NO. DR. ER STAFF	26. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	27. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	28. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				
	29. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	30. BY WHOM? DR. ER STAFF	31. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	32. CHARGES PLACED	33. DNA	34. CB NO. 18487818	35. IR NO.	36. DNA				
	37. DNA	38. PASSIVE RESISTER	39. ACTIVE RESISTER	40. ASSAULT:ASSAULT	41. ASSAULT:BATTERY	42. ASSAULT:DEADLY FORCE			
	43. SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	PLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> DISCHARGE FIREARM AT	ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DISCHARGE FIREARM AT	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER SEMI-AUTO HANDGUN _____			
	44. MEMBERS RESPONSE	MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WALUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Line Targeted) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____			
45. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	46. ADDITIONAL INFORMATION SEMI-AUTO 9MM FIRING AT OFFICER								
47. POSITION	STAR NO.	UNIT							
48. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN	49. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	50. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	51. WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR						
52. MAKE/MANUFACTURER U.S. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP/BRONCO)	53. MODEL 92	54. BARREL LENGTH 5	55. CALIBER/GAUGE 9 MM						
56. TASER DART ID NO. BER302806	57. WEAPON SERIAL NO. (Include Letters) BER302806	58. CHICAGO SUN REG. NO. 630544	59. IL FIREARM OWNER ID. NO. [REDACTED]	60. HANDGUN CERTIFICATE NO. [REDACTED]					
61. SPECIAL WEAPON CERTIFICATE NO.	62. PROPERTY INVENTORY NO.	63. TYPE OF AMMUNITION USED Department Issued	64. NO OF WEAPONS DISCHARGED BY THIS MEMBER. 1	65. TOTAL NO OF SHOTS MEMBER FIRED 18					
66. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	67. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	68. NO OF CARTRIDGES/SHOT SHELLS RELOADED 15	69. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE, AND TREE	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 11 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.								
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
75. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	76. REPORTING MEMBER (Print Name) PHILLIPS III, CECIL 04-SEP-2012 10:45:27	STAR/EMPLOYEE NO. 6657	SIGNATURE [REDACTED]	77. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J 2502					
			SIGNATURE [REDACTED]	DATE REVIEWED 04-SEP-2012 10:51:41	TIME				

LOG # 1056803  
Attachment # 26

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL; OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender in surgery at Christ hospital for gun shot wounds sustained during incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING:

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Phillips acted in compliance with department policy in that Officer Phillips fired his weapon at the offender after the offender pointed and fired a firearm at Officer Phillips.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1056803 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
**JOHNSON, EDDIE T**

SIGNATURE  
[Redacted]

DATE COMPLETED TIME  
**04-SEP-2012 10:55:28**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> O.D. REPORT <input type="checkbox"/> CR INITIATION REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(E'S)	80. TOTAL TRRS THIS EVENT NO. <b>5</b>
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